
Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1648	AMERICAN SEDAN INC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
10810 NORMAN AVE		FAIRFAX	VA	22030-2932
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. BOX 2404		FAIRFAX	VA	22031-0404
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
703-764-4491	703-861-3777	703-764-3057	info@americansedandc.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2006262		T25005938	
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

MOHAMMAD GHANNAM		CEO	
*Name		*Title	
703-764-4491	703-861-3777	703-764-3057	msgghannam@gmail.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

ZAKARIA ABBAS	202-439-4141	zaknuba@yahoo.com		
Name of Registered Agent for Service of Process		Telephone	E-mail	
1657 CRITTENDEN STREET, NE		WASHINGTON	DC	20017
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	TC 2005	Lincoln	1LNHM82W45Y609961	H522757	VA	6	NO
✓	TC 2010	Lincoln	2LNBL8EV4AX750258	H519787	VA	6	NO
✓	YUKON 2010	GMC	1GKUKMEF1AR139958	117HAD	VA	6	NO
✓	TC 2011	Lincoln	2LNBL8EVXBX765378	AMSDN18	VA	6	NO
✓	TC 2011	Lincoln	2LNBL8EV5BX765367	AMSDN17	VA	6	NO
✓	TC 2011	LINCOLN	2LNBL8EV0BX766023	AMSDN29	VA	6	NO
✓	TC2011	LINCOLN	2LNBL8EV9BX757658	AMSDN21	VA	6	NO
✓	TC2011	LINCOLN	2LNBL8EV9BX766022	AMSDN25	VA	6	NO
✓	SUV 2010	CADILLAC	1GYUKGEF0AR196675	AMSDN9	VA	6	NO
✓	SUV 2013	CHEVROLET	1GNSKJE79DR227095	WUG4605	VA	6	NO

7. ***CERTIFICATION:**

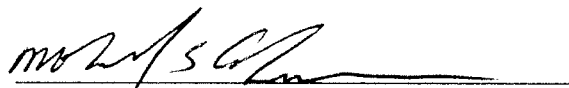
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

MOHAMMAD GHANNAM

*Name (type or print)

CEO

*Title (not required for sole proprietors)


*Signature

01/10/2013

*Date

